



LEAD TRAINER RECOGNITION (LPF-5)

For LDEQ Use Only

AI No.

Check No.

\$

Date

I. **Trainer Information:** (please print) **Applicable Year** _____

Name:	Driver's License (DL) no.	State of Issuance of DL no:	
Address:		Phone ()	
City:	State:	Zip:	Fax No. ()

II. **Trainer Organization Information:**

Name:		Phone ()
Address		Fax No. ()
City	State	Zip

III. ***Latest Lead Course Attended**

Name:		Phone ()
Address		Fax No. ()
City	State	Zip
Course Title:		Date:

IV. **Qualification for INITIAL Trainer Recognition:** *Attach a copy of your resume documenting experience.
Note: For initial recognition, experience may be considered as a degree in a subject taught by an individual holding a degree in that subject, accreditation, or working in the subject for two+ years. Instructors must be accredited in discipline teaching.

Document No. Years in lead-related work as a: **Trainer:** _____ **Risk Assessor:** _____
Supervisor: _____ **Inspector:** _____ **Project Designer:** _____ **Worker:** _____

Identify the type of course(s) you are requesting trainer recognition:

☐ Initial ☐ Refresher **Accreditation No.** _____
☐ Risk Assessor ☐ Supervisor ☐ Inspector ☐ Project Designer ☐ Worker

V. **Qualifications for RENEWAL Trainer Recognition Only:**

Document No. Years in lead-related work as a:

Trainer: _____ **Risk Assessor:** _____ **Supervisor:** _____
Inspector: _____ **Project Designer:** _____ **Worker:** _____

Identify the type of course(s) for which you are requesting trainer recognition:

☐ Initial ☐ Refresher
☐ Risk Assessor ☐ Supervisor ☐ Inspector ☐ Project Designer ☐ Worker

VI. **Certification Affidavit:**

I understand that the lead training I teach must include: most current and applicable Louisiana specific regulations and forms; the regulations are enforced with civil and criminal actions, and my recognition is effective for one year, provided the criteria in LAC 33:III.2805.

Accreditation Number: _____ **Applicant's Signature:** _____ **Date:** _____

If this is a renewal of a past accreditation, the previous accreditation number is required _____

Please mail this application for recognition to the Louisiana Department of Environmental Quality, Registrations and Certifications Section, P. O. Box 4313, Baton Rouge, LA 70821-4313

Revised 07/27/04